

### **Notice to Enrollees**

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and local government employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. The State of Delaware has elected to exempt the State of Delaware Group Health Insurance Program ("Plan") from the requirements for parity in the application of certain limits to mental health benefits. The Plan provides protections similar to the exempted requirements in accordance with Delaware State law, 18 Del. C. §3343(b).

The exemption from these Federal requirements will be in effect for the plan year beginning July 1, 2010 and ending June 30, 2011. The election may be renewed for subsequent plan years.

HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy.